In re	Karen Aris Willoughby	
Debtor(s) Case Number:		According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by $\S 707(b)(2)(C)$.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION OF M	O	NTHLY INCO	ME	FOR § 707(b)('	7) E	XCLUSION	
	Mari	tal/filing status. Check the box that applies a	and c	complete the balance	e of	this part of this state	ement	as directed.	
	a.	Unmarried. Complete only Column A ("D	ebto	or's Income'') for I	ines	3-11.			
b. Married, not filing jointly, with declaration of separa "My spouse and I are legally separated under applicab purpose of evading the requirements of § 707(b)(2)(A) for Lines 3-11.				licable non-bankrup	otcy	aw or my spouse an	ıd I aı	re living apart o	ther than for the
		Married, not filing jointly, without the declar ("Debtor's Income") and Column B ("Spou	ıse's	Income") for Lin	es 3-	11.		_	
		Married, filing jointly. Complete both Colu					Spou	ise's Income'')	for Lines 3-11.
	calen the fi	gures must reflect average monthly income red dar months prior to filing the bankruptcy case ling. If the amount of monthly income varied anoth total by six, and enter the result on the a	e, en l dur	ding on the last day ing the six months,	of t	he month before		Column A Debtor's Income	Column B Spouse's Income
3	Gros	s wages, salary, tips, bonuses, overtime, con	nmi	ssions.			\$	1,529.55	\$
4	enter busin not e	the difference in the appropriate column(s) o less, profession or farm, enter aggregate number a number less than zero. Do not include b as a deduction in Part V.	f Lir	ne 4. If you operate and provide details	mon on a	e than one n attachment. Do		·	
				Debtor		Spouse			
	a.	Gross receipts	\$	0.00					
	b.	Ordinary and necessary business expenses	\$	0.00					
	c.	Business income		btract Line b from			\$	0.00	\$
5	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. Debtor Spouse								
	a.	Gross receipts	\$	0.00	_				
	b. c.	Ordinary and necessary operating expenses Rent and other real property income	_	btract Line b from 1	<u>. </u>	0	\$	0.00	\$
6	+	est, dividends, and royalties.	Su	btract Line b from	Line	a	\$	0.00	
7		ion and retirement income.							
					41	1.1	\$	0.00	\$
8	exper purp spous	amounts paid by another person or entity, onses of the debtor or the debtor's dependent ose. Do not include alimony or separate main see if Column B is completed. Each regular parayment is listed in Column A, do not report the	ts, i tena tyme	ncluding child sup nce payments or an ent should be report	port noun ed in	paid for that ts paid by your	\$	0.00	\$
9	Howe	inployment compensation. Enter the amount ever, if you contend that unemployment complit under the Social Security Act, do not list the but instead state the amount in the space below.	ensa ne an	ation received by yo	ou or	your spouse was a	i		
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$			\$	1,216.00	\$			
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Debtor Spouse								
	a.		\$	Debioi	\$	Spouse			
	b.		\$		\$				
		and enter on Line 10			•		\$	0.00	\$
11	Subt	otal of Current Monthly Income for § 707(1	b)(7). Add Lines 3 thru	10 i	n Column A, and, if	-		
11	Colu	mn B is completed, add Lines 3 through 10 in	Co	lumn B. Enter the	total	(s).	\$	2,745.55	\$

12	Total Current Monthly Income for § 707(b)(7). If Column Column A to Line 11, Column B, and enter the total. If Column A amount from Line 11, Column A.		\$		2,745.55
	Part III. APPLICATIO	N OF § 707(b)(7) EXCLUSION	N		
13	Annualized Current Monthly Income for § 707(b)(7). Menter the result.	Multiply the amount from Line 12 by the	number 12 and	\$	32,946.60
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: WA	b. Enter debtor's household size:	1	\$	53,302.00
15	Application of Section 707(b)(7). Check the applicable be ■ The amount on Line 13 is less than or equal to the an top of page 1 of this statement, and complete Part VIII; □ The amount on Line 13 is more than the amount on I	nount on Line 14. Check the box for "To do not complete Parts IV, V, VI or VII		does no	at arise" at the

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete l'arts IV, V, V		•	
	Part IV. CALCULATION	OF CURRENT MONTHLY I	NCOME FOR § 707(b)(2	2)
16	Enter the amount from Line 12.			\$
17	Marital adjustment. If you checked the box Column B that was NOT paid on a regular bat dependents. Specify in the lines below the bat spouse's tax liability or the spouse's support of amount of income devoted to each purpose. I not check box at Line 2.c, enter zero. a. b. c. d. Total and enter on Line 17	sis for the household expenses of the do is for excluding the Column B income f persons other than the debtor or the d	ebtor or the debtor's e (such as payment of the lebtor's dependents) and the	\$
18	Current monthly income for § 707(b)(2). S	ubtract Line 17 from Line 16 and enter	the result.	\$
	Part V. CALCUL	ATION OF DEDUCTIONS F	ROM INCOME	
	Subpart A: Deductions	under Standards of the Internal l	Revenue Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			
19B	National Standards: health care. Enter in I Out-of-Pocket Health Care for persons under Out-of-Pocket Health Care for persons 65 years www.usdoj.gov/ust/ or from the clerk of the beauty who are under 65 years of age, and enter in I older. (The applicable number of persons in 6 be allowed as exemptions on your federal incomposed you support.) Multiply Line a1 by Line b1 to Line c1. Multiply Line a2 by Line b2 to obtain c2. Add Lines c1 and c2 to obtain a total health Persons under 65 years of age a1. Allowance per person			
	b1. Number of persons c1. Subtotal	b2. Number of persons c2. Subtotal	S	\$
20A	Local Standards: housing and utilities; nor Utilities Standards; non-mortgage expenses for available at www.usdoj.gov/ust/ or from the control that would currently be allowed a any additional dependents whom you support	mortgage expenses. Enter the amount the applicable county and family size lerk of the bankruptcy court). The applications on your federal income ta	e. (This information is licable family size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/<!--</th--><th></th>					
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$				
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. \[\begin{array}{c} 0 & \lefta 1 & \lefta 2 \text{ or more.} \] If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42					
		Subtract Line b from Line a.	\$			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	\$				
	2, as stated in Elife 12	Subtract Line b from Line a.	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					

26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such a Do not include discretionary amounts, such as volunta	s retirement contributions, union dues, and uniform costs.	\$	
27	Other Necessary Expenses: life insurance. Enter total a life insurance for yourself. Do not include premiums for any other form of insurance.	\$		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.			
29		or for a physically or mentally challenged child. Enter ad for education that is a condition of employment and for allenged dependent child for whom no public education	\$	
30	Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pre		\$	
31	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of y insurance or paid by a health savings account, and that is include payments for health insurance or health saving	ourself or your dependents, that is not reimbursed by in excess of the amount entered in Line 19B. Do not	\$	
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you			
33	Total Expenses Allowed under IRS Standards. Enter t	the total of Lines 19 through 32.	\$	
	Note: Do not include any experimental Health Insurance, Disability Insurance, and Health Sa the categories set out in lines a-c below that are reasonable dependents.			
34	a. Health Insurance	\$		
	b. Disability Insurance	\$		
1	c. Health Savings Account	\$	\$	
	Total and enter on Line 34.			
	If you do not actually expend this total amount, state y below: \$			
35	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of expenses.	\$		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			
37	Home energy costs. Enter the total average monthly amo Standards for Housing and Utilities, that you actually exp trustee with documentation of your actual expenses, and claimed is reasonable and necessary.	\$		
38	Education expenses for dependent children less than 1 actually incur, not to exceed \$147.92* per child, for attended school by your dependent children less than 18 years of a documentation of your actual expenses, and you must necessary and not already accounted for in the IRS Sta	dance at a private or public elementary or secondary age. You must provide your case trustee with explain why the amount claimed is reasonable and	\$	
			т	

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Software Copyright (c) 1996-2012 CCH INCORPORATED - www.bestcase.com

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$		
40			Enter the amount that you will continuous Enter the			e form of cash or	\$
41	Tota	Additional Expense Deduction	ns under § 707(b). Enter the total of I	ines 34 thr	ough 40		\$
			Subpart C: Deductions for De	bt Paym	ent		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt		Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
					Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor				\$		
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					\$	
			s. If you are eligible to file a case under y the amount in line b, and enter the res				
45	a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b				\$		
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.			\$			
		5	Subpart D: Total Deductions f	rom Inco	me		
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$	
		Part VI. D	ETERMINATION OF § 707(t)(2) PRI	ESUMP	ΓΙΟΝ	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))					\$	
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					\$	
50	Mon	thly disposable income under	3 707(b)(2). Subtract Line 49 from Line	e 48 and ent	ter the resu	ılt.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the				\$		

	Initial presumption determination. Check the applicable box and proceed as directed.					
52	☐ The amount on Line 51 is less than \$7,025*. Check the bostatement, and complete the verification in Part VIII. Do not complete the verification in Part VIII.		page 1 of this			
	The amount set forth on Line 51 is more than \$11,725* (statement, and complete the verification in Part VIII. You may	y also complete Part VII. Do not complete the remain	nder of Part VI.			
	☐ The amount on Line 51 is at least \$7,025*, but not more	than \$11,725*. Complete the remainder of Part VI	(Lines 53 through 55).			
53	Enter the amount of your total non-priority unsecured deb	t	\$			
54	Threshold debt payment amount. Multiply the amount in Lin	ne 53 by the number 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable	e box and proceed as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 5 of this statement, and complete the verification in Part VIII.	54. Check the box for "The presumption does not an	ise" at the top of page 1			
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII. ADDITION	AL EXPENSE CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not					
	you and your family and that you contend should be an addition 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a second item. Total the expenses.					
	Expense Description	Monthly Amo	unt			
	a.	\$	unt			
	b.	\$				
	c.	\$				
	d.	s a, b, c, and d \$	_			
	Total: Add Line	s a, b, c, and d				
	Part VIII. V	ERIFICATION				
	I declare under penalty of perjury that the information provide	d in this statement is true and correct. (If this is a jo	int case, both debtors			
57	must sign.) Date: August 21, 2012	Signature: /s/ Karen Aris Willoughb	V			
57	<u></u>	Karen Aris Willoughby (Debtor)				

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2012 to 07/31/2012.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Allergy, Asthma & Dermatology

Year-to-Date Income:

Starting Year-to-Date Income: \$0.00 from check dated 1/31/2012.

Ending Year-to-Date Income: \$9,177.30 from check dated 7/31/2012

Income for six-month period (Ending-Starting): \$9,177.30 .

Average Monthly Income: \$1,529.55.

Line 9 - Unemployment compensation (included in CMI)

Source of Income: **Unemployment**

Income by Month:

6 Months Ago:	02/2012	\$0.00
5 Months Ago:	03/2012	\$0.00
4 Months Ago:	04/2012	\$1,368.00
3 Months Ago:	05/2012	\$1,824.00
2 Months Ago:	06/2012	\$1,824.00
Last Month:	07/2012	\$2,280.00
	Average per month:	\$1,216.00